DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 30012798-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

a paterit is sought on the invention entitled.	
Clasticania Diabta Management	

the specification of which	is attached hereto unless th	ne following box is	checked:			
() was filed on	as US Appli	as US Application No. or PCT International Application				
	and was amende	and was amended on (if applicable).				
including the claims, as a	mended by any amendment	(s) referred to abo	ove. I acknowle			
Foreign Application(s) and/or Cla	im of Foreign Priority					
inventor(s) certificate listed below	w and have also identified below ar	ny foreign application f	of any foreign applica or patent or inventor(tion(s) for patent o (s) certificate having		
	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U S.C. 119		
			PRIORITY CLAIMED YES:	UNDER 35 U S.C. 119		
COUNTRY			YES:	NO:		
COUNTRY Provisional Application I hereby claim the benefit under	APPLICATION NUMBER	DATE FILED	YES:	NO:		
COUNTRY Provisional Application I hereby claim the benefit under	APPLICATION NUMBER	DATE FILED	YES:	NO:		
COUNTRY Provisional Application I hereby claim the benefit under	APPLICATION NUMBER APPLICATION NUMBER Title 35, United States Code Sect	DATE FILED	YES:	NO:		

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.55(a) which occurred between the filling date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879 Place Customer Number Bar Code Label Fere

Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400 Direct Telephone Calls To:

Allan M Lowe, Reg no 19,641 (703) 684 1111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	John S. Erickson	Citizenship: US
Residence:	707 Route 132 Norwich, VT 05055 US	6A
Post Office Address:	Same as Residence	

Date

DECLARATION AND POWER OF ATTORNEY: > FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 30012798-1

Full Name of # 2 joint inventor	Mark Schlageter		Citizenship: US	
Residence:	14 Scotch Pine Merrimack,	NH 03054 US	SA	
Post Office Address:	Same as Residence			
Inventor's Signature		Date		
Inventor's Signature		Date		
Full Name of # 3 joint invento	r:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Inventor a dignature		Date		
Full Name of # 4 joint inventor	or:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 5 joint invento	or:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 6 joint invent	or:		Cit izenship:	
Residence:				
Post Office Address:		. 19		
Inventor's Signature		Date		
•				
Full Name of # 7 joint invent	or:		Citizenship:	
Residence:				
Post Office Address:				_
Inventor's Signature		Date		
Full Name of # 8 joint inven	tor:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		

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